

Medicine and Books

Getting the acts together

The Politics of Mental Health Legislation. C Unsworth. (Pp 374; £35.) Oxford: Clarendon Press, 1987. ISBN 0-19-825512-8.

Lord Salisbury (in 1890), Herbert Asquith (1913), Ramsay MacDonald (1930), Harold Macmillan (1959), and Margaret Thatcher (1983) deserve recognition as psychiatric innovators. Each of their governments introduced a major reform of mental health legislation. In an erudite and scrupulously researched book Clive Unsworth, an academic lawyer, chronicles the political history of these changes.

The protagonists, the issues, and the order of events are described and subsequently analysed through a period spanning over a century. There is a remarkably timeless quality to them. It seems that mental health laws have never depended greatly on clinical knowledge or even on political dogma. Rather they are brewed from deeply held fears, suspicion, and rivalry: fears of mental illness, fears of its effects, and fears of mistaken diagnoses and consequent loss of liberty; suspicion of—and rivalry between—the various professional groups who care for the mentally ill. Innovations in psychiatric practice and shifts in political philosophy merely flavour the brew, but their effects seem insignificant compared with those that result from the relentless march of consumerism.

Unsworth reminds us that in the late nineteenth century psychiatry had no place in the medical curriculum, services were provided by asylums under the authority of omnipotent physician superintendents, private practitioners (hated by the asylum doctors) ran madhouses for profit, doctors were fearful of being sued, and 1884 saw the *Lancet* and the *British Medical Journal* goading the profession into a certification strike. The interventionist Lunacy Act of 1890 gave doctors the protection they sought from litigation but at the cost of a legalistic edifice in which magistrates played a statutory role in civil commitment.

Sixty years later in postwar Britain psychiatry with fresh self confidence was eager to take its place alongside other, more prestigious, branches of medicine. By a series of legislative changes legalism was swept away and along with it judicial control of commitment and the Board of Control. Unsworth notes that the waves of optimism and welfare state philosophy that carried aloft the 1959 Mental Health Act simultaneously buried legal rights for patients. Exhumation was to come 25 years later with our current act. How was it that, within such a short period, an act hailed as a landmark in progressive welfare legislation was to be so radically overhauled? Why was the BMA (in 1957) so utterly wrong in its assertion that in 20 years' time it would be possible "to relax the mental health rules, both as to powers and safeguards"?

Unsworth's answers are compelling and cogent. He recognises that the ill organised antipsychiatry movement in Britain ("a diffuse cultural movement of the left") needed the skills of an incisive and effective organiser: Larry Gostin, an American lawyer, filled the role. MIND, the charitable organisation for which Gostin worked, was, in common with similar organisations, shifting the focus of its work from collecting funds and distributing largess to representing clients. This "ideology of entitlement" was buttressed by what Unsworth describes as "the renewed fashionability of versions of liberalism within both Conservative and Labour Parties." So it was that Gostin's concern for patients' rights found favour across the political spectrum. Unsworth sees the legalism of the 1983 act as the inevitable consequence of our pessimism and uncertainty about how we should respond to the problems of mental disorder. It will be

undone, he says, only when there is "new therapeutic certainty capable of commanding" wide support. From here that seems a long way off.

Dr Unsworth skilfully presents medicolegal history in a fresh, social perspective. He has produced an authoritative and fascinating account that is unlikely to be bettered.

DEREK CHISWICK

Short cuts

Atlas of Advanced Surgery. Ed M S Litwin. (Pp 216; figs; \$95.) New York: Yorke Medical Books, 1987. ISBN 0-914316-50-8.

Its title is rather against it—"atlas" being most correctly applied I think to a book that is predominantly pictorial, probably the weakest part of the *Atlas of Advanced Surgery*. This is in fact a collection of illustrated monographs on certain selected major operative procedures in thoracic and abdominal surgery, a collection that is by no means comprehensive. A total of 36 operations are described, of which seven are purely thoracic. The authors are mainly North American.

The small size of the book, which is easily slipped into a briefcase, is largely due to the omissions. There is no bibliography, no index, no mention of preoperative investigations or choice of incision, etc; rather we get the bare bones of the procedure with, at the end of each essay, a brief comment on complications and alternative procedures. There are many attractive features, however. The descriptions are often by authoritative surgeons describing operations that they have themselves perfected—for example, Nissan, Kock, Thal, and Terblanche. Also, in many instances alternative techniques are placed alongside each other—for example, stitched and stapled low anterior resection of the rectum, two methods of ileal reconstruction after total gastrectomy, two completely different approaches to the problem of lower oesophageal perforation, etc. On the other hand, the inclusion of six separate operations designed to prevent gastro-oesophageal reflux seems out of proportion for a condition largely managed by non-operative measures.

There are certainly omissions. Operations on biliary obstruction are confined to Longmeyer's intrahepatic cholangiojejunostomy and Terblanche's U tube drainage. Current thinking is that such transhepatic external drainage techniques have less of a place in palliation, and end to side anastomosis of a jejunal loop to the duct of segment three popularised by Bismuth is increasingly performed. Also, resection for cholangiocarcinoma of the hilar region of the liver, though possible in only a few cases, could merit a description.

Taking short cuts is inevitable in what must often be a condensed description, but at times this comes dangerously close to cutting corners—for instance, it is stretching scientific credibility to advocate hyperalimentation before a Whipple's procedure because "this greatly improves the strength of the pancreatic capsule." Such examples, however, are few, as are the errors in the text.

My main criticism is of the standard of many of the diagrams. Surgery is an art, and the descriptions, at times eloquently written, depend very much on the accompanying diagrams. Often these are no better than crude thumbnail sketches, misleading and in some cases erroneous. You often have to rely on the author's description to understand the drawing. One possible explanation is that a single

artist performed all "pictorial renderings in order to permit uniformity of form and presentation." Presumably the work of the original artists who perhaps normally work with each surgeon has been transcribed so that they all have the appearance of being by the same hand. This could be why much of the detail has been lost and errors have crept in.

On the whole the aim of the editor to "produce a small single volume text concentrating on a small number of complicated procedures" has been achieved but that these should be "clearly illustrated" has not. The book is nevertheless enjoyable and easy to read and will lend itself to easy reference in the future. If periodically brought up to date, with ruthless omission of operations that have gone out of date and tighter artistic control, it may become a valuable addition to the surgical library.

STANLEY MILLER

Literary gloss

When a Doctor Hates a Patient and Other Chapters in a Young Physician's Life. R E Peschel, E R Peschel. (Pp 208; £14.50.) Berkeley: University of California Press, 1986. ISBN 0-520-05755-4.

A series of ten encounters or case histories experienced by one of the authors forms the basis of *When a Doctor Hates a Patient*, a rather curious book that sets out to explore some of the more haunting first experiences of a medical intern by drawing on literary parallels. After each case history there is a selection of quotations from literature with descriptions and explanations of human experiences thought to be similar to those of the intern.

Far from illuminating the experiences of a medical intern, however, it leaves them seeming rather flat. Although there is doubtless unification between all human experiences, whether they be felt by the medical intern, alone and late at night, or by W B Yeats's Irish airman alone and "among the clouds above," I doubt whether this "marriage between medicine and literature" will "give the public a greater understanding of the doctor of modern medicine," as is hoped in the introduction.

A newly qualified doctor will have many experiences both intense and bizarre for which he or she has had little preparation. The Peschels' book is to be applauded in its attempt to make up for this lack of preparation. That it did not succeed is sad, as there is a place for a book that fills that gap. The problem is, firstly, that the experiences of each doctor are intensely personal. The case that

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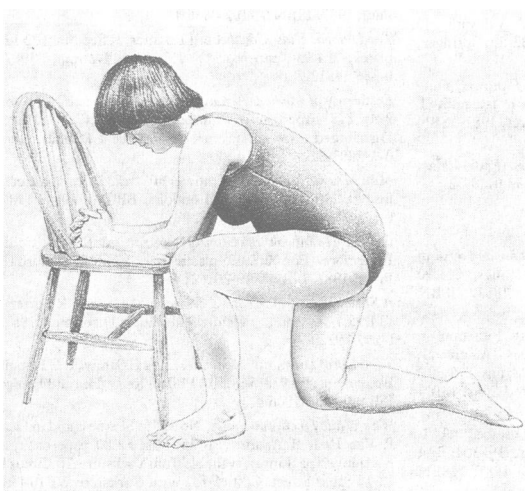
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lends the book its title does not to me speak of hate but rather of extreme irritation, frustration, and anger at a very difficult, trying, and at times hostile individual. Secondly, just as our experiences and reactions to them are personal and individual, so are the ways in which each of us comes to terms with them. For some it is through literature, for others it may be through music, and some certainly cope by concentrating solely on the technology of medicine. *When a Doctor Hates a Patient* will have helped its authors, but is unlikely to assist many others.

FIONA MOSS

In brief . . .

Humans are unique among mammals in having extensive sweat glands. This probably had an evolutionary advantage in allowing man to hunt in the African savanna in the heat of the day. But there was a snag: the absence of a mechanism for conserving water meant close reliance on water sources, and when farming replaced hunting communities grew up by rivers, lakes, and oases. It is hardly surprising, writes Robert Desowitz, professor of tropical medicine at Hawaii, in *New Guinea Tapeworms and Jewish Grandmothers* (£4.95 paperback. New York: Norton, 1987. ISBN 0-393-30426-4) that so many of man's parasites and pathogens are associated with water. This is particularly true in the tropics—for example, enteric infections, malaria, schistosomiasis, and onchocerciasis—but of course there are exceptions, like trypanosomiasis. Ironically, what the author calls "disasters of good intent" result from man's needs:



Drawing by David Gifford © 1987.

A half squatting, half kneeling position recommended for use in labour. If, that is, you happen to be giving birth in a place where they let you do anything that deviates from the oven ready turkey routine still beloved of many maternity units. Prospective mothers who want to do more than passively receive medical care should consult Sheila Kitzinger's *Freedom and Choice in Childbirth* (£11.95. London: Viking, 1987. ISBN 0-670-81315-X). As well as describing the different types of care that women can choose both during pregnancy and at the time of birth, it gives advice on how to cope with the medical system so that you have some chance of getting what you want; in this connection the author emphasises the importance of a good relationship between woman and doctor. Which is obviously A Good Thing as Sellar and Yeatman would say, though it is difficult not to have some sneaking sympathy for harrassed medicos faced with the prospect of a lot of enthusiastic, articulate women, all clued up about everything from amniocentesis to yoga and brandishing their birth plans.

